

UNDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; justify-content: space-between; align-items: center;"> X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Anexo Data Centers, LLC c/o Registered Agent Paracorp Inc. 176 Mine Lake Ct. #100 Raleigh, NC 27615</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>B. Received by (Printed Name) Siana Rodriguez </p> </div> <div style="width: 35%;"> <p>C. Date of Delivery 10/14/21 </p> </div> </div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<div style="text-align: center;"> <p style="font-size: 1.1em;">9590 9402 4340 8190 1132 35</p> </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input checked="" type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7017 1450 001 6527 2110</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

Domestic Return Receipt

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 4340 8190 1132 35

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Clerk, US District Court
PO Box 25670
Raleigh, NC 27611

